

<b>Case Number:</b>	CM15-0212071		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old female, who sustained an industrial injury on 07-13-2012. She has reported injury to the bilateral shoulders and low back. The diagnoses have included lumbar sprain-strain; lumbar or thoracic, neuritis or radiculitis, unspecified; shoulder sprain-strain; and status post surgery, right shoulder. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, surgical intervention, home exercise program, and acupuncture. Medications have included Norco, Cyclobenzaprine, Lidopro cream, and Colace. A progress report from the treating physician, dated 10-11-2015, documented a follow-up visit with the injured worker. The injured worker reported bilateral shoulder pain and back pain with bilateral sciatic, right greater than left; she still has pain in legs, back, and shoulder; pain is rated at 7 out of 10 in intensity; pain medications help; no medication side effects; no new symptoms, but shoulder and left hand symptoms have increased; uses TENS which is very helpful; and she is still going to the gym which is very helpful with pain control and building strength. Objective findings included mild lumbar spine tenderness; left shoulder with moderate to severe acromioclavicular tenderness; MRI of left shoulder shows "full-thickness tear at the lateral edge of the supraspinatus, tear of long head of biceps, extensive tear of the superior lip of the glenoid labrum". The treatment plan has included the request for Colace 100 mg #60 with 5 refills. The original utilization review, dated 10-19-2015, non-certified the request for Colace 100 mg #60 with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Colace 100 mg #60 with 5 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The MTUS supports prophylactic treatment of constipation in patients being treated with opioids. In this case, the initial request included 5 refills; utilization review non-certified the request due to lack of evidence in the provided documents for a definitive treatment requirement of constipation. In the opinion of this reviewer, the patient has a history of taking Norco, but the initial request to include five refills is not considered medically necessary. Further documentation of medical necessity should be provided to allow for consideration of further treatment, particularly in the quantity requested.